

Medical Care Advisory Committee

Minutes of April 19, 2018

Participants

Committee Members Present

Andrew Riggle (Chair), Mark Brasher, Steven Mickelson, Dr. William Cosgrove, Christine Evans, Adam Cohen, Mark Ward, Dale Ownby, Pete Ziegler, Kris Fawson (representing Debra Mair), Jenifer Lloyd, Doug Springmeyer, Danny Harris, Jessie Mandle (via phone).

Committee Members Absent

Sara Carbajal-Salisbury, Jonathan George, Donna Singer, Dr. Samuel Bailey.

DOH Staff

Nate Checketts, Krisann Bacon, Ginny Henderscheid.

Guests

Tracy Altman, UUHP, Laura Summers, Gardner Policy Institute, Courtney Billard, UHPP, Daniel Cheung, Office of Legislative Research and General Counsel, Joyce Dolcourt, LCPD, Melissa Zito, UDOH, Indian Health, Holly Langton, Governors Office.

Welcome

Meeting commenced at 2:10 p.m. Chairperson, Andrew Riggle welcomed all attendees present.

Approval of Minutes

MOTION: Mark Ward moved to approve the January 2018 and March 2018 minutes. Doug Springmeyer seconded the motion. All approved. None opposed.

New Rulemakings

Craig Devashrayee – New Rulemaking

R410-14 Administrative Hearing Procedures. Filed 3/30/2018 with an effective date of 5/22/2018.

R380-250 HIPAA Privacy Rule Implementation (Five-Year Review). Filed 4/10/2018 with an effective date of 4/10/2018.

R414-52 Optometry Services (Five Year Review). Filed 4/10/2018 with an effective date of 4/10/2018.

R414-53 Eyeglasses Services (five Year Review). Filed 4/10/2018 with an effective date of 4/10/2018.

R382-1 Benefits and Administration (Five Year Review). Filed 4/11/2018 with an effective date of 4/11/2018.

R382-10 Eligibility (Five Year Review). Filed 4/11/2018 with an effective date of 4/11/2018.

R414-60A Drug Utilization Review Board. Filed 4/11/2018 with an effective date of 6/07/2018.

R414-60B Preferred Drug List. Filed 4/11/2018 with an effective date of 6/07/2018.

Steven Mickelson questioned if the amendment changes on R410-14 Administrative Hearing Procedures were advantageous for all involved. Emma Chacon responded the change is based on the new managed care regulations. Emma provided an example: prior, there were two levels of hearings before the request came to the state now, there is only one level of hearing, making it more streamlined and consistent. Most changes were technical in nature.

R414-60B Preferred Drug List (PDL). Ginger asked to clarify. Nate responded the Pharmacy and Therapeutics Committee is a committee that reviews clinical efficaciousness and cost-related factors and then provides recommendation on coverage for drugs on the PDL.

Ginger asked if a committee member with mental health illness sits on this committee. Emma responded the members on this board have a professional clinical background in order to look at drugs to determine criteria as well as making recommendation to UDOH. Ginger inquired how to apply for membership to sit on this board to represent individuals with mental health experience. Committee membership is outlined in statute and administrative rule, the agency can provide those references.

Nate noted that both the Drug Utilization Review Board and the Pharmacy and Therapeutics Committee meetings are open to the public, public comment is invited and encouraged. If anyone is interested in attending and submitting comments agendas are available.

Jeff Nelson – Eligibility Enrollment Update

Jeff presented on the Medicaid eligibility enrollment totals for April.

- PCN had a slight increase due to February's open enrollments for adults without children (which has ended) while adults with children continues with open enrollment, approximately 15,800 were enrolled
- Medicaid and CHIP showed a steady line
- The adult group and people with disabilities showed a slight increase
- People over age 65 showed a consistent line
- Pregnant women showed (again) a slight decrease noting this is happening nationwide
- Children enrollment staying consistent

Jennifer Meyer-Smart – Targeted Adult Medicaid Expansion Report

Jennifer gave an overview of the Targeted Adult Medicaid (TAM) enrollment by subgroup. She reported on the increase of approvals for the program and stated the totals will continue to change each month. Enrollments reviewed were:

- 12 Month homeless that continues to rise steadily, March shows 879 enrollments
- Supportive Housing has leveled off, March shows 111 enrollments.
- Drug/mental health court has seemed to level off, March shows 432 enrollments.
- Jail or Prison is rapidly increasing, March enrollment was 184 and as of today it has increased to 242
- State Hospital/Civil Charge, continues steady at 1 enrollment

Jennifer highlighted the highest expenditures:

- Residential treatment was the highest expenditures
- Inpatient Hospital
- Medication Assisted Treatment (MAT)

Jennifer reported the Expansion Parents Enrollment has leveled off at 4,504 enrollment in March which is a decrease from February showing 4,578.

With the report that Jail or Prison enrollment is increasing, Andrew announced he has been asked to facilitate a meeting between Jennifer's team and the Department of Corrections, Adult Probation and Parole to tackle issues for individuals coming out of prison to address completion of treatment programs and issues on eligibility.

Steven Mickelson requested the steps of those incarcerated and coming out of prison and who might be eligible. Jennifer reported individuals while incarcerated have started and would have completed a program before they are released to be eligible. Steven questioned the income guidelines whether they are assessed before being incarcerated or after. Jennifer stated when they are released and apply the income level will be assessed at that time. The TAM group has 12 month continuous eligibility.

Kevin Bagley – Home and Community Based Services Waiver Amendments

Kevin announced the Technology Dependent Waiver is up for a 5-year renewal effective July 1, 2018. This waiver had a 30 day public comment period and has been submitted to CMS for review.

Kevin reported on three amendments that are taking place. The Community Supports Waiver and the Acquired Brain Injury Waiver which are effectively the same amendment. Kevin reported due to legislative appropriations there were some rate increases for certain provider groups. These programs are operated by DSPD and under the waiver requirement an amendment is needed to reflect those rate increases. These two amendments are out for the 30 day public comment period. Andrew asked if the rate increases were for the direct support workers. Kevin confirmed this.

Joyce Delcourt asked to clarify what was in the amendment. Kevin responded the amendment must show the cost effectiveness calculation the state makes.

Joyce asked if more salary is paid to ICFs than community workers. Kevin stated there are too many factors involved and was unable to answer the question. Nate responded that through appropriations ICF's have had two direct service salary increases, and community workers have had a series increases. Nate said it was uncertain what the comparisons of those salary increases are to date. The Department of Human Services and UDOH are required to report on the impact of those increases, those reports are due to the legislature towards the end of the year.

Kevin reported on the third amendment Medically Complex Children's Waiver. The effective date for this would be October 1, 2018. The Division is working on this waiver right now to renew and has not been set out for public comment. Kevin will forward details when this occurs.

Karlee Adams and Marcie – Tobacco Prevention and Control Presentation (TPCP)

Karlee reported the goal of TPCP is to reduce tobacco related disease and death in Utah by forming partnerships with programs addressing chronic disease, such as hypertension and diabetes. She reported that hypertension increases risk of damage of the heart and blood vessels. Diabetic smokers are more likely to develop type 2 diabetes and have higher risks for serious complications such as heart and kidney disease and peripheral neuropathy (damaged nerve of the arms and legs).

The TPCP has a comprehensive program that focuses on the following areas:

- Preventing youth initiation of tobacco use
- Promoting quitting among adults and youth
- Eliminating exposure to secondhand smoke
- Identifying and eliminating tobacco-related disparities

Funds are received from a master settlement agreement from the tobacco industry, tobacco tax, and the CDC. The program funds thirteen local health departments as well as four disparity networks specifically the African American, Native American, Polynesians, and Latino communities to promote tobacco control. Funds are also used for media campaigns and a quit line call center.

Karlee reported several ways to accomplish the goals to reduce tobacco by state and community communications.

- Recovery Plus Project is working with the Division of Substance Abuse for tobacco free facilities
- Social media
- Cessation interventions website called *way to quit.org* that offers calls with a trained cessation coach
- Eight weeks of Nicotine Replacement Therapy (NRT) by accessing packages of free gum, lozenges
- A youth quit line for youth under eighteen
- Collecting data from a Youth Risk Behavior Survey (YRBS), and a Behavioral Risk Factor Surveillance Survey (BRFSS).

Marcie continued the report by giving an overview on smoking by Utah Medicaid status and coverage. A tobacco cessation service use among Medicaid clients showed the percentage of cigarette smokers by Utah Medicaid clients was 26.7% and all Utah adults were 8.7%. This is a concern as Utah adults is staying the same and Medicaid adults is increasing.

Marcie reported on Utah Medicaid coverage of tobacco cessation treatments.

Marcie reported that an intervention postcard will be sent to all adult Medicaid clients promoting cessation services, as well as educating Medicaid providers and information on proposing to conduct a Medicaid enrollee survey.

Doug Springmeyer requested that the managed care organizations (MCOs) receive the postcard prior to mailing. It was agreed that the card will be sent to the MCOs prior to sending to Medicaid clients. Division leadership noted that the postcard will need to be approved by the Director prior to any mailings.

Jennifer Meyer-Smart – Annual Public Forum for the Current 1115 Waiver

Utah's 1115 Primary Care Network (PCN) Waiver is a statewide waiver that gives the State federal authorization to administer specific medical programs and benefits that are not otherwise allowable under federal rules. Generally, section 1115 waivers are approved for an initial five-year period and can be extended for an additional three to five years. The current waiver is approved for a five-year period through June 30, 2022. Waiver programs and March enrollments are:

- PCN Program - 15,416
- Non-Traditional Benefits with individuals - 30,795
- Utah's Premium Partnership Program (UPP) - 849
- Targeted Adult Medicaid – 1,601
- Former Foster Care Youth from another State - 10
- Dental Benefits for Individuals Who are Blind or Disabled – 3,617
- Substance Use Disorder (SUD) Residential Treatment – February enrolled 198 (March data was incomplete)

With this information provided Jennifer Meyer-Smart requested comments or feedback.

OPEN FOR PUBLIC COMMENTS:

Dr. Cosgrove asked how many individuals will be served in the targeted adult. Nate responded that approximately 4-6,000 individuals are expected. This however, is depended upon the residential treatment expenditures and will be watched closely.

Ginger Phillips questioned the SUD residential treatment in the waiver and remarked the SUD treatment has limited experience in mental health issues. Nate clarified that the federal rule states that Medicaid cannot pay for institutions and mental disease. The current administration has started to make exceptions to that federal rule but only for substance use and not for mental health. He continued, had the rule included mental health this would have had to be paid by state dollars with no federal match and would have increased the cost of the bill making it questionable of passing.

Ginger commented the reason of her strong emotions regarding mental health treatments was that in her personal experience this population is not getting the help needed. She related in the last 5 months, three PEER specialists she was acquainted with (who had persistent mental health illnesses) are now deceased due to lack of funding to get treatment. She wanted to address this as being very distressing.

Kris Fawson asked how the notification of today's public forum was given out as several constituents were unaware of this open forum. Jennifer responded notification was channeled through the public notice website, MCAC email, and UDOH web page.

No more comments were made. Comments closed.

Nate Checketts – Director's Report

Nate announced the hiring of Jennifer Strohecker as the new Utah Medicaid Pharmacy Director.

Nate responded to Ginger Phillips earlier question as how to apply to sit on the Drug Utilization Review Board. Ginger was informed that the Drug Utilization Review Board membership consisted of 12 members and does include a position for a consumer representative. Details will be forwarded to the Committee.

A question on public notifications. Nate reported that the public comment periods are published in the State Bulletin as well as presented to the MCAC meetings to raise public awareness of the open public comment period. Andrew remarked, as well as writing comments on public rules the public can also request an open hearing on a rule.

Nate Checketts – Preview of upcoming 1115 Waiver Amendments

Nate reported on several House Bills that passed during the last legislative session which require the Division to submit waiver amendments to the current 1115 waiver. Target date for the amendments to be submitted to CMS is June 30, 2018. Nate gave an overview of what was in HB0472 Medicaid Expansion.

Two scheduled public hearings for 1115 Waiver Amendment Proposals.

1. May 11, 2018 from 4-6 p.m. UDOH, Room 125
2. May 17, 2018 to be held during the May's MCAC meeting from 2:00 – 4:00 p.m., Room 125

Other public hearings to be held are:

- HB0435 Medicaid Dental Benefits
- HB0012 Family Planning Services and
- Department of Human Services for At-Risk Children and Youth

Open public comments will occur for 30 days starting May 1, 2018, ending May 31, 2018.

A comment was made by Danny Harris regarding the name of Medicaid Expansion. He advocated that the terminology in the waiver amendment not be called Medicaid Expansion. He further commented that since HB472 did not expand to the full extent allowed by the Affordable Care Act that it should not be called expansion. Nate appreciated the comment and indicated the name will most likely stand but suggested making this a formal request during the 30-day comment period.

Other Items

Andrew announced the June's MCAC Public Hearing will be on the normal third Thursday of the month, June 21, 2018, from 4:00 pm to 6:00 pm in room 125 at the DOH Cannon Health Building. More information can be found on the Medicaid website at <https://medicaid.utah.gov/boards-and-committees>

Andrew asked people to notify Krisann by email at krisannbacon@utah.gov for future agenda topics. Andrew asked MCAC for further business or concerns. None were given.

MOTION: Ginger Phillips moved to adjourn meeting. All were in favor. None opposed.

Adjourn Meeting was dismissed at 4:10 p.m.